



REQUEST FOR CONVICTION RECORDS / ADOPTIONS AND FOSTER HOMES

Pursuant to KRS 199.462, a request is made for any record of conviction(s) of a crime by the person identified herein. This information shall be released to:

Organization Name and Address

ACKNOWLEDGEMENT BY APPLICANT

I am a certified adoptive or foster home provider, or I have applied to receive a child for adoption or to provide foster care or relative caregiver services to a child, or I am an adult household member of the applicant/ certified provider. I am requesting that the Kentucky State Police (KSP) provide the Cabinet for Health and Family Services with any record of conviction found in the files of the Kentucky centralized criminal history record information system. I understand that the KSP will forward my fingerprint submissions to the Federal Bureau of Investigation (FBI) to conduct a nationwide criminal records check and that the FBI will provide the results of that check to the Cabinet for Health and Family Services. I understand that I have the right to inspect my criminal history record, and to request correction of any inaccurate information. If I do not exercise that right, I agree to hold harmless the Kentucky State Police and any Kentucky State Police employee(s) from any claim for damages arising from the dissemination of inaccurate information.

APPLICANT INFORMATION (PLEASE PRINT)

NAME: _____
First Middle Last Maiden

ADDRESS: _____
Street City State Zip

SEX: _____ RACE: _____ DATE OF BIRTH: _____ SOC SEC NO: _____

* Place of Birth: _____
City State/ Province Birth Country

Signature Date Witness Date

***This information should be provided for International Adoptions ONLY**

INSTRUCTIONS:

Requesting agencies should ensure that all application information is completed.

Requesting agencies should forward a check or money order payable to **Kentucky State Treasurer** in the amount of \$20.00 for each submitted form. Requests should be accompanied by **two, self-addressed stamped envelopes** – one bearing the name and address of the requesting agency and the other bearing the name and address of the applicant.

The Kentucky State Police will charge a \$25.00 fee on each returned check.

RETURN THIS FORM TO:

Kentucky State Police
Criminal Identification and Records Branch
Criminal Records Dissemination Section
1250 Louisville Road
Frankfort, KY 40601